

**IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

**IN RE:**

**SEBATIAN NEGRON TORRES**

**DEBTOR(S)**

**CASE NO.: 22-01893-ESL**

**CHAPTER 13**

**NOTICE OF FILING AMENDED SCHEDULE I**

**TO THE HONORABLE COURT:**

**COME NOW**, Debtor(s) represented by the undersigned attorney and respectfully informs the filing of the following amendment:

**AMENDED SCHEDULE I – CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

Debtor(s) also informs that the purpose of the amendment is to:

**We HEREBY CERTIFY** that on this same date, we electronically filed the foregoing with the Clerk of the Court using the CM/ECF Filing System which will send a notification, upon information and belief, of such filing to the followings:

**CHAPTER 13 TRUSTEE AND THE UNITED STATES TRUSTEE**

We also hereby certify that this same date we have mailed by United States Postal Service the document to all creditors and parties in interest as per attached master address list.

**RESPECTFULLY SUBMITTED**

In San Juan, Puerto Rico this 8<sup>TH</sup> day of August 2022.

**/S/Victor C. Thomas Santiago**  
USDC PR 209807  
127De Diego Avenue  
Cond. Vallecillo Apt. 1-A  
San Juan, Puerto Rico 00911  
Tel. (787) 722-5601  
Fax (787) 724-6366  
e-mail: [vthomas@thomasmag.com](mailto:vthomas@thomasmag.com)

Fill in this information to identify your case:

Debtor 1 SEBASTIAN NEGRON TORRES

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 22-01893  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

AACCOUNT MANAGER

PARAGON MEDS

3300 CORP AVE SUITE 114  
Fort Lauderdale, FL 33331

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

TEACHER

KINESIS IT ACADEMY INC

1001 CALLE SAN ROBERTO  
San Juan, PR 00926

How long employed there?

6 DAYS

1 YEAR

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,499.99 \$ 3,333.35

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3,499.99 \$ 3,333.35

Debtor 1 **SEBASTIAN NEGRON TORRES**

Case number (if known) **22-01893**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>3,499.99</b>	\$ <b>3,333.35</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>349.98</b>	\$ <b>596.83</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>235.47</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify:	5h. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.</b>	<b>6. \$ <b>349.98</b></b>	<b>\$ <b>832.30</b></b>
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	<b>7. \$ <b>3,150.01</b></b>	<b>\$ <b>2,501.05</b></b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <b>SURGICAL NUTRITION MONTHLY NET INCOME</b> <b>CAR ALLOWANCE</b>	8h. \$ <b>2,088.40</b> \$ <b>350.00</b>	\$ <b>0.00</b> \$ <b>0.00</b>
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	<b>9. \$ <b>2,438.40</b></b>	<b>\$ <b>0.00</b></b>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ <b>5,588.41</b> + \$ <b>2,501.05</b> = \$ <b>8,089.46</b></b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
		11. +\$ <b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</b>		<b>12. \$ <b>8,089.46</b></b> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

**Fill in this information to identify your case:**

Debtor 1	<b>SEBASTIAN NEGRON TORRES</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number (if known)	22-01893		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice,  
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ SEBASTIAN NEGRON TORRES  
**SEBASTIAN NEGRON TORRES**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date August 8, 2022

Date \_\_\_\_\_

Label Matrix for local noticing  
0104-3  
Case 22-01893-ESL13  
District of Puerto Rico  
Old San Juan  
Mon Aug 8 18:00:24 AST 2022

DEPARTAMENTO DE HACIENDA DE PR  
BANKRUPTCY DEPARTMENT  
PO BOX 9024140  
SAN JUAN, PR 00902-4140

LCDO. RAMON PEREZ GONZALEZ  
CALLE HATILLO #6  
San Juan, PR 00918-4422

OPENSKY CAPITAL BANK  
101 CROSSWAYS PARK WEST  
Woodbury, NY 11797-2020

ROBERTO LOPEZ GONZALEZ  
PO BOX 361582  
SAN JUAN PR 00936

ROBERTO LOPEZ GONZALEZ  
PO BOX 361582  
SAN JUAN, PR 00936-1582

POPULAR AUTO  
PO BOX 366818  
SAN JUAN, PR 00936-6818

DEPARTMENT OF TREASURY  
BANKRUPTCY SECTION 424 B  
PO BOX 9024140  
SAN JUAN, PR 00902-4140

(p)LUMA ENERGY  
REVENUE PROTECTION  
PO BOX 364267  
SAN JUAN PR 00936-4267

POPULAR AUTO  
BANKRUPTCY DEPARTMENT  
PO BOX 366818  
SAN JUAN, PR 00936-6818

ALEJANDRO OLIVERAS RIVERA  
ALEJANDRO OLIVERAS CHAPTER 13 TRUS  
PO BOX 9024062  
SAN JUAN, PR 00902-4062

SEBASTIAN NEGRON TORRES  
658 AVE MIRAMAR 901  
San Juan, PR 00907-3480

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

FIRST PREMIER BANK  
3820 N LOUISE AVE  
SIOUX FALLS, SD 57107-0145

(p)DSNB MACY S  
CITIBANK  
1000 TECHNOLOGY DRIVE MS 777  
O FALLON MO 63368-2222

Premier Bankcard, LLC  
Jefferson Capital Systems LLC Assignee  
Po Box 7999  
Saint Cloud MN 56302-7999

MONSITA LECAROS ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

VICTOR THOMAS SANTIAGO  
127 DE DIEGO AVE APT 1-A  
SAN JUAN, PR 00911-1909

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

LUMA ENERGY  
REVENUE PROTECTION  
PO BOX 364267  
SAN JUAN, PR 00936

MACYS  
PO BOX 8218  
Mason, OH 45040

End of Label Matrix  
Mailable recipients 17  
Bypassed recipients 0  
Total 17